DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

ATTORNEY DOCKET NO. 10017722-1

As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name;

disclose all information which is material to patentability as defined in 37 CFR 1.56.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Destination Direction for Pus	h Scanning to one of Multiple Destination	ns
the specification of which is	attached hereto unless the following box	x is checked:
() was filed on	as US Application No. or P	CT International Application
Number	and was amended on	(if applicable).
	eviewed and understood the contents o	

Foreign Application(s) and/or Claim of Foreign Priority

I hereby claim foreign priority benefits under Title 35. United States Code Section 119 of any foreign application(s) for patent or inventor(s) certificate listed below and have also identified below any foreign application for patent or inventor(s) certificate having a filing date before that of the application on which priority is claimed:

Г	COUNTRY	APPLICATION NUMBER	DATE FILED	PRIORITY CLAIMED UN	DER 35 U.S.C. 119
				YES	NO:
				YES:	NO

Provisional Application

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I hereby claim the benefit under Title 35, United States Code Section 119(e) of any United States provisional application(s) listed helow:

APPLICATION NUMBER	FILING DATE

Ų. U. S. Priority Claim

I hereby claim the benefit under Title 35. United States Code, Section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the 🟥 manner provided by the first paragraph of Title 35, United States Code Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application: h ah

0	APPLICATION NUMBER	FILING DATE	STATUS (patented/pending/abandoned)
j. de			

POWER OF ATTORNEY:

Customer Number 022879

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

	Label here	
Send Correspondence to:	Direct Telephone Calls To:	
HEWLETT-PACKARD COMPANY		
Intellectual Property Administration	Anthony J. Baca	
P.O. Box 272400	(200) 200 2507	
Fort Collins, Colorado 80527-2400	(208) 396-3597	

Place Custome

Number Bar Code

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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Inventor's Signature		note.	

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DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION (continued)

ATTORNEY DOCKET NO. 10017722-1

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Ost Office Address.			
nventor's Signature	D	ate	
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Full Name of # 4 joint inventor			Citizenship: USA
Residence:	2224 N. Wingate Place, Meridian,	עו 8364	+4
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Inventor's Signature		Date	
inventor a dignature	·	Julio	
	H I as Mass		Citizenship: USA
Full Name of # 5 joint inventor	205 W. Claire St., Meridian, ID 83	8642	Citazensing. COA
Residence:	Same as residence		
Post Office Address:	Jame as residence		
Inventor's Signature		Date	
Full Name of # 6 joint invento	r:		Citizenship:
Residence:			
Post Office Address:			
Total Office Madicool			
Inventor's Signature		Date	
Full Name of # 7 joint invento	or:		Citizenship:
Residence:			
Post Office Address:			
Inventor's Signature		Date	
Full Name of # 8 joint invent	or:		Citizenship:
Residence:			
Post Office Address:			
Inventor's Signature		Date	